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Beansprouts and the Roots

JooHee Jung

In the United States, football refers to the sport that involves tackling and throwing an oval ball by hand. In Britain, football refers to the sport that involves dribbling and kicking a round ball with the foot. Although the two countries use the same word, what they mean by that word is totally different. Likewise, the definition for the word health differs by culture across the globe.

Culture heavily influences one's definition of health. Joyce Newman Giger is a registered nurse and the Lulu Woff Hassenplug Endowed Chair at the School of Nursing of University of California Los Angeles. In one of her books *Transcultural Nursing: Assessment & Intervention*, she explains how cultures around the world view health and illnesses differently. For example, many Mexican Americans define health as the equilibrium in the universe where forces of "hot," "cold," "wet," and "dry" are balanced. Any imbalance among the four forces would lead to various illnesses. Mexican Americans also think that they can restore the equilibrium by eating certain food and completing certain practices. Many Mexican Americans also think that illnesses are a curse or punishment from God or a natural manifestation of old age; therefore, many elderly Hispanics do not seek any treatment (Giger & Davidhizar, 2008). This particular behavior of elderly Hispanics, ceasing to seek treatment for their illness, is the result of culturally-induced thoughts. Their culture has influenced them to think that illnesses result from old age. In an American viewpoint, this would be absurd. Why wouldn't anyone who is ill seek medical treatment when it is available?

It is simply because Mexican Americans' definition of health is different; therefore, their way of approaching disease and illnesses is also different. Through this, one can see how culture influences health. It explains why groups take part in certain practices that medical professionals don't always understand. If nurses act upon the assumption that their approach to a disease corresponds with the Mexican Americans' approach, they greatly risk upsetting them

by crossing the line of what is culturally acceptable. Therefore it is important to approach a patient with a culturally sensitive mind. But, here is the twist. What if certain cultural practices or traditions put one's health at risk? Though it is important to approach a patient with a culturally sensitive mind, nurses should help their patients to moderate and regulate cultural behaviors and culturally-induced assumptions that are harmful to health.

As a nursing student, I learn that it is important to be sensitive to my patient's values and belief systems. I learn that my patient's cultural background influences his or her way of coping with illness and diseases. Dr. Dawn Doutrich, an associate professor at Washington State College of Nursing, emphasizes the importance of cultural proficiency in his article *Identity, Ethics and Cultural Safety: Strategies for Change*. "Nurses are committed," he says, "to respect the patient's autonomy, recognizing his or her freedom to contribute to the treatment process." However, as much as it is important to understand the patient's culture, it is crucial, first and foremost, to help the patient to become healthy again. In fact, nurses must prioritize the goal to restore the patient's health above anything else. Though it is important to approach a patient with a culturally sensitive mind, nurses should help their patients to moderate and regulate cultural behaviors and culturally-induced thoughts that harm the patient's health. I am not implying that culture is secondary in nature. In fact, it is an indispensable part in planning patient's health care.

A culture revolves around the heart of an ethnic group. In fact, it is one of the most celebrated components of humanity. Culture refers to the cumulative reservoir of knowledge, experience, beliefs, values, attitudes, meanings, hierarchies and religion that a large group of people came to adopt over time as something acceptable and customary (Hofstede, Hofstede, & Minkov, 2010). Although culture is tacitly oriented, it speaks volumes of what a group of people believe and value. Culture not only encompasses a people group's general beliefs and values but also revolves around the food and social atmosphere. For example, African Americans are particularly family-oriented because their ancestors valued family reliance. Family reliance and trust were what embraced and healed the wounds of the torment of slavery among them (Guada, 2012). The time of slavery shaped the way African Americans interact with

one another and how they view and solve problems. Like this, people construct a sense of identity and belonging around their culture. Therefore, culture cannot be dealt with lightly. Likewise, Nurses should not passively overlook their patients' culture. Otherwise, a condescending comment on a cultural practice will most likely come across as a great offense to those who identify with the culture. This is why it is so important to uphold each culture with respect and appreciation.

One component that makes a culture unique is its cultural practices and traditions. Practices and traditions usually embody an underlying meaning and certain values that a people group highly esteem. For example, in Filipino culture, when a young person encounters an elderly person, the younger one takes the right hand of the elder with his or her right hand and touches the back of the elders hand to his or her forehead. Though such a practice is a typical greeting, it also represents a sign of respect and an act of blessing towards the elderly. Other cultural practices may consist of the heavy usage of herbs in countries like China and Japan to promote health and long life.

However, rarely do people realize that there are cultural practices that put one's health in serious risk. American Indians smoke for cultural reasons. Some South Koreans are forced to drink multiple times a week due to cultural pressure. Many Koreans put themselves in a greater risk of gastric cancer because it is normal for them to double dip their spoons into a communal soup. Hispanic parents consider a fat child as a healthy child so they overfeed their children even as toddlers, which results in obesity and causes multiple health issues in later years. Such practices and customs may appear to exist for legitimate reasons; however, they involve significant drawbacks concerning one's health. But this is what they have been doing for all this time! What they do is what makes their culture! Yes, that is true. However, if those practices compromise one's health, they are certainly problematic. Nurses must address the potential dangers that may arise from those practices.

Smoking is one of the habits that many people came to love and enjoy. However, the situation changes when smoking is practiced not for enjoyment, but for the sake of cultural conformity. Some American Indian populations integrate smoking into their culture. Dr. Felicia Schanche Hodge, a professor in the School of

Nursing and School of Public Health at the University of California at Los Angeles, studied the way American Indians viewed smoking. “The rituals of smoking at ceremonies and tribal functions were important to focus group members [American Indians],” says Dr. Felicia, “One participant stated, ‘Tobacco is used in a ceremonial way at funerals and wakes’”. This quote exemplifies how detrimental practices such as smoking do exist within a culture. Smoking has ever so deeply been rooted in their culture that it has influenced how young American Indians view smoking. Smoking has become one of the ways they identify with other American Indians who also smoke. They are now indifferent to the harmful impact that smoking has on their body (Hodge, 2006).

Such smoking practices among American Indian youths have put them into critical health problems. Research on the effects of smoking have proliferated over the past few decades and many observations conclude that regular smoking leads to lung cancer (Lee, Foley, & Coombs, 2012). Dr. Marcus Plescia, director of CDC’s Division of Cancer Prevention and Control, surveys the prevalence of lung cancer mortality rates among the American Indians in his article *Lung Cancer Deaths among American Indians and Alaska Natives 1990-2009*. The article reports that American Indians have relatively higher incidence of lung cancer when compared to the incidence among the general population of the United States. The wide use of tobacco has taken its toll on the American Indian population (Plescia, Henley, Pate, Underwood, & Rhodes, 2014). Should such a misfortune ensue? Although it is important to uphold the culture and respect the practice of smoking, it is necessary to weigh the detriments also. If the American Indian population does not find a way to moderate their tobacco usage, the ethnic group will wither away. Nurses should address the hazards of smoking, teaching and encouraging the American Indians to regulate it for the sake of maintaining health and preserving the Native American population.

Another example of a cultural practice that takes a toll on one’s health is the drinking culture in South Korea. As a Korean, I have heard countless stories and seen situations where excess alcohol intake has endangered a significant portion of the Korean population—especially in the business world. Business in Korea differs from businesses in other cultures because it is set up in an unspoken yet strict hierarchy. Maintaining a good reputation among

peers and especially elders contributes greatly to one's business career. Presenting oneself as a socially competent businessperson improves one's chance of achieving a higher position. A way to show that one is socially competent is through drinking etiquettes. As part of the businessman's tradition, they go on meal outings every week. As part of the meal, they always order alcohol or beer. One of the drinking etiquettes is to finish whatever the elder pours in your cup over the course of the meal. If a businessman rejects the cup that an elderly colleague poured, he is doomed to be the victim of discrimination. In this case of rejection, he not only breaks the friendly atmosphere but also shames the one who offered the cup. Cultural peer pressure does not allow for an easy refusal. An anonymous businessmen in Korea testifies, "It's really hard to build relationships if you don't drink." Such fear of discrimination dictates the prevalence of drinking among Korean businessmen across the country.

Even throughout Korean history, fermented beer and alcohol dictated all social events. Alcoholic drinks were counted as an indispensable element of the table—especially the table of guests. The act of pouring liquor into another's cup was a symbolic action of trust and friendship between the guest and the host. Such social drinking continued over time until today. In fact, an average Korean businessman partakes in social drinking at least once per week (Y. Kim OiSaeng, 2012). As a person who knows the Korean culture, I understand why it is so hard not to gulp that cup of liquor that an elderly offers. However, I also believe that it is necessary to persuade the Korean businessmen to limit their alcohol intake. I am not saying they should give up their culture nor am I renouncing their method of building friendships. But I do stand with a nurse's viewpoint that regular alcohol consumption will result in complex health issues such as liver cancer. In fact, South Korea ranks the 11th of the world with the number of cases of liver cancer diagnosed per year (Chuang, Lee, Wu, Straif, & Hashibe, 2015). Maintaining one's relationship with other businessmen is crucial for maintaining the job. However, at the end of the day, what matters—one's health or the job? No businessmen can work with an IV needle stuck in his arm. Be healthy first, then the job can follow. When there is a disparity between one's cultural practices and health, one's physical well-being should take precedence over social well-being. However, at the same time, nurses must approach the cultural practice of

drinking with compassion and understanding.

Practicing cultural drinking is not the only factor that affects the health of South Koreans. The prevalence of double dipping at meal tables has increased the incidents of gastric cancer among the Korean population. It is a part of the Korean food culture to have many communal side dishes and soups. Although it is table etiquette not to dig deep and touch everything in the bowl, risk of *Helicobacter pylori* (*H. pylori*) transmission is inevitable (M. S. Kim et al., 2013). *H. pylori* are bacteria that usually reside inside the human stomach and cause inflammation along the stomach lining. Many analyses indicate that such inflammation of the stomach leads to gastric cancer (Yeh, Goldie, Kuntz, & Ezzati, 2009). A common tactic that the bacteria use to enter one's body is through saliva. By sharing saliva by double-dipping, one can transmit *H. pylori* to another person. It has been (or still is in some rural areas) part of the culture for families to share one big bowl of soup instead of having individual bowls. As a result, family members would double-dip their spoons into the soup, allowing their saliva to mix. Such cultural practice allows *H. pylori* to invade the stomach of other members of the family. Thus, this leaves the entire family vulnerable to gastric cancer. Such cultural meal practice explains why gastric cancer is so prevalent among the Korean population (Massarrat & Stolte, 2014). Hundreds of Koreans are diagnosed with gastric cancer every year. Medical bills soar. Families go into debt. This raises the question: is the cultural practice really worth the risk of gastric cancer plus the medical bills plus the debts? In this situation where cultural practices put one's health at risk, the value of participating in such practices pales in comparison with maintaining one's health. Despite this fact, however, nurses must strive to uphold the dignity of the culture while continuing to negotiate the possibility of moderating the practice.

Practices and traditions that have been continued for an extended period of time are very challenging to modify or even moderate. People's judgment on what is healthy and unhealthy is heavily based upon cultural perceptions (Giger & Davidhizar, 2008; Leininger & McFarland, 2002). For example, in Hispanic cultures, people do not consider obesity as a health threat. In fact, Hispanic mothers believe that fat babies are healthy. Therefore, they feed their babies incessantly (Giger & Davidhizar, 2008). Little do parents

realize that obese babies are likely to become obese teenagers and adults (Garnicia, 2004). This explains the reason behind the shocking predominance of obesity among Hispanics. Richard S. Garcia testifies his struggle as a Mexican American pediatrician to correct Mexican mothers who come into his office with their obese child saying, “No come nada!” Meaning, the child “doesn’t eat anything!” “I disappoint them each time,” says Dr. Garcia, “all the more so because I’m Mexican American; I should not only understand but should agree with their anxieties.” What drives the Mexican American parents to constantly feed their children is the fear of malnutrition. Such fear is understandable in the context of culture; they do not want their children to go hungry. However, overfeeding one’s children has dire consequences. Children who are obese are at a greater risk of high blood pressure, which also puts them in a greater risk of other fatal diseases such as strokes and heart attacks in their adulthood. Dr. Garcia draws a clear line between culture and health. “The view that overweight babies are healthier babies is culturally imbedded, reinforced by friends, grandparents, and history... But I don’t agree with it...I try various strategies to convince the parents that their child doesn’t need more food.” Dr. Garcia exemplifies the ideal attitude that nurses must adopt. Although one may not agree with the client’s thoughts, just as Dr. Garcia did not agree with his own culture’s belief about health, nurses should never cease to address and communicate the discrepancy between cultural practices and optimal health to the client. After all, nurses are expected to provide the best care possible so that patients will regain their health. Therefore, they must rectify the misconstrued thoughts and behaviors even if they are culturally embedded. Uphold the culture; suppress the faulty practices. This is the balanced approach between the action of communicating the need for change while maintaining a considerate attitude towards the patients’ definition of health and culture.

It is the nurse’s job and obligation to look out for the patient’s best interest in the context of the patient’s culture. However, when cultural practices and traditions result in detrimental health effects, they do not take precedence over the proper health care provided by the nurse. Remember: Culture is not the problem. Behaviors construed from false premises are. At the same time, nurses should not ignore their clients’ cultural values and traditions, but try to

understand where those are coming from. Nurses must cultivate the eyes to see beyond the culture itself and detect the possible hazards from practices and traditions that underlie the culture. Address the behaviors, not the culture. Instruct the patient. Open their eyes to the perspective beyond their culture. Embrace and heal the person that is behind the façade named culture.

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